

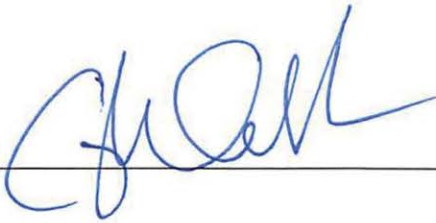
Dialpad, Inc.
100 California Street, Ste. 500
San Francisco, CA 94111

Certification of Compliance

I, Craig Walker, hereby certify that I am an officer of Dialpad, Inc. and that I am authorized to execute this certification on behalf of Dialpad, Inc.

Furthermore, I hereby swear under oath that, to the best of my knowledge, information and belief, Dialpad, Inc. complies with the geographic rate averaging and rate integration obligations pursuant to Section 254(g) of the Communications Act of 1934, as amended, in providing detariffed interstate, domestic, and interexchange services.

Signed: _____



Subscribed and sworn to before me this _____ day of _____, 2016.

Notary Public

*See Attached
IC.*

My Commission Expires: _____

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

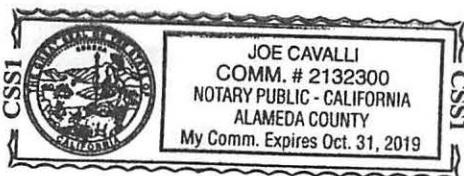
 Signature of Document Signer No. 1

 Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Francisco



Subscribed and sworn to (or affirmed) before me

on this 25th day of April, 20 16,
 by _____ Date _____ Month _____ Year _____

(1) Cathy Walker

(and (2) _____),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature _____
 Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____